

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 807462	RECEIPT DATE:	04 / 12 / 01
IA NUMBER:	PCT/ US99 / 24554	IA FILING DATE:	10 / 20 / 99
FAMILY NAME:	BURNSIDE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BETH	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 21 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	550750	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: RAYMOND J LILLIE
CARELLA BYRNE BAIN GILFILLAN CECCHI STEWART & OLSTEIN
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 CITY: ROSELAND
 STATE/COUNTRY: NJ ZIP: 07068
 EMAIL:
 APPLICATION TITLES:
 ORAL PULSED DOSE DRUG DELIVERY SYSTEM

TAB TO LAST POSITION,PUSH SEND



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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 7386

SERIAL NUMBER 09/807,462	FILING DATE 07/19/2001 RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 550750
APPLICANTS Beth A. Burnside, Silver Spring, MD; Xiaodi Guo, Derwood, MD; Kimberly Fiske, Alexandria, VA; Richard A. Couch, Bethesda, MD; Donald J. Treacy, Arnold, MD; Rong-Kun Chang, Hockessin, DE; Charlotte M. McGuinness, Bethesda, MD; Edward M. Rudnic, North Potomac, MD;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/24554 10/20/1999 WHICH IS A CIP OF 09/176,542 10/21/1998 PAT 6,322,819				
** FOREIGN APPLICATIONS *****				
** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 28
INDEPENDENT CLAIMS 5				
ADDRESS MILLEN WHITE ZELANO & BRANIGAN, P.C. 2200 CLARENDON BLVD. SUITE 1400 ARLINGTON, VA 22201				
TITLE Oral pulsed dose drug delivery system				
FILING FEE RECEIVED 562	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input checked="" type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 7386

SERIAL NUMBER 09/807,462	FILING DATE 07/19/2001 RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 550750
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APPLICANTS

Beth A. Burnside, Silver Spring, MD;
Xiaodi Guo, Derwood, MD;
Kimberly Fiske, Alexandria, VA;
Richard A. Couch, Bethesda, MD;
Donald J. Treacy, Arnold, MD;
Rong-Kun Chang, Hockessin, DE;
Charlotte M. McGuinness, Bethesda, MD;
Edward M. Rudnic, North Potomac, MD;

** CONTINUING DATA *****

✓ THIS APPLICATION IS A 371 OF PCT/US99/24554 10/20/1999
WHICH IS A CIP OF 09/176,542 10/21/1998 PAT 6,322,819

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

MILLEN WHITE ZELANO & BRANIGAN, P.C.
2200 CLARENDON BLVD.
SUITE 1400
ARLINGTON, VA 22201

TITLE

Oral pulsed dose drug delivery system

**FILING FEE
RECEIVED**
562

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input checked="" type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other
<input type="checkbox"/> Credit



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CONFIRMATION NO. 7386

SERIAL NUMBER 09/807,462	FILING DATE 07/19/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 550750
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APPLICANTS
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Xiaodi Guo, Derwood, MD;
Kimberly Fiske, Alexandria, VA;
Richard A. Couch, Bethesda, MD;
Donald J. Treacy, Arnold, MD;
Rong-Kun Chang, Hockessin, DE;
Charlotte M. McGuinness, Bethesda, MD;
Edward M. Rudnic, North Potomac, MD;

**** CONTINUING DATA *******
THIS APPLICATION IS A 371 OF PCT/US99/24554 10/20/1999
WHICH IS A CIP OF 09/176,542 10/21/1998 PAT 6,322,819

**** FOREIGN APPLICATIONS *******
none

**** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS
27162

TITLE
Oral pulsed dose drug delivery system

FILING FEE RECEIVED 562	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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